

IN PATIENT SUMMARY BILL

UHID : MMH202371399
IP No : IP2023002584
Patient name : Mr.SATHISH KUMAR M
Age : 32 Y 7 M 26 D/Male

Bill No : MMH/MH/IP00047
Bill Date : 01/12/2023
DOA : 27/11/2023 4:59PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.SHANMUGASUNDARAM.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	GENERAL PROCEDURE	₹ 900.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 6,100.00
7	NURSING CHARGE	₹ 3,000.00
8	OPERATION THEATRE CHARGES	₹ 24,550.00
9	PROFESSIONAL TEAM FEES	₹ 28,000.00
10	RADIOLOGY	₹ 6,600.00
Gross Amount		₹ 87,900.00
Net Payable		₹ 87,900.00
Advance Amount		₹ 87,900.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Seven Thousand Nine Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-27 17:41:22.440	MMH/MH/RECH00097	UPI	Advance Amount	30,000.00
2	2023-12-01 13:03:54.060	MMH/MH/RECH00146	CASH	Advance Amount	57,900.00